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CONFIRMATION NO. 6817

<b>SERIAL NUMBER</b> 10/670,640	<b>FILING OR 371(c) DATE</b> 09/24/2003 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> DYNG.P001	
<b>APPLICANTS</b> David Kitson, Dudson, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0222414.5 09/26/2002 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/15/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 53186					
<b>TITLE</b> Orthopaedic surgery planning					
<b>FILING FEE RECEIVED</b> 1718	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		